

No. C 176238		Due no later than Dec 31, 2009		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form		TRENT MUNYER 4193 WEST WOODHAVEN LOOP COEUR D'ALENE ID 83814			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		STIEBS & MUNYER ANESTHESIA, P.C. TRENT MUNYER 4193 WEST WOODHAVEN LOOP COEUR D'ALENE ID 83814 USA					
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
SECRETARY	KRISTINA K MUNYER	4193 W WOODHAVEN LOOP	COEUR D ALENE	ID	USA	83814	
PRESIDENT	TRENT S MUNYER	4193 W WOODHAVEN LOOP	COEUR D ALENE	ID	USA	83814	
DIRECTOR	KRISTINA K STIEBS	4193 WEST WOODHAVEN LOOP	COEUR D'ALENE	ID	USA	83814	
DIRECTOR	TRENT MUNYER	4193 WEST WOODHAVEN LOOP	COEUR D'ALENE	ID	USA	83814	
5. Organized Under the Laws of: ID C 176238		6. Annual Report must be signed.* Signature: Trent Munyer Name (type or print): Trent Munyer					
		Date: 12/22/2009 Title: President					
Processed 12/22/2009		* Electronically provided signatures are accepted as original signatures.					